



# WASHINGTON MOTOR VEHICLE FUEL BLENDER TAX RETURN

# MB

Fuel Tax Section  
PO Box 9048  
Olympia WA 98507-9048  
(360) 664-1852

<b>A. REPORTING PERIOD</b> Year: _____ Month: _____		FOR VALIDATION ONLY--108-030-115-0001	
<b>B.</b> <input type="checkbox"/> No Operations This Period <input type="checkbox"/> Name Change <input type="checkbox"/> Amended Return <input type="checkbox"/> Late Return <input type="checkbox"/> Address Change			
<b>C.</b>		VALIDATED POSTMARK DATE	
		<b>D.</b> Cancel      License	
		Effective Date _____	
<b>Account #</b>			
1	Beginning physical inventory	1	
2	Fuel received (total from Schedule A on reverse)	2	
3	Ending physical inventory	3	
4	Total accountable gallons (line 1 + line 2 - line 3)	4	
5	Tax exempt gallons (total from Schedule B on reverse)	5	
6	Taxable gallons (line 4 - line 5)	6	
7	Washington power take-off/power pumping credit gallons *	7	
8	Allowed tax-paid credit gallons (Schedule D, line D4)	8	
9	Total of motor fuel allowances (total from Schedule C on reverse)	9	
10	Net taxable or credit gallons (line 6 - line 7 - line 8 - line 9)	10	
11	Motor vehicle fuel tax (line 10 x tax rate)	11	
12	Penalty after 25th of month (line 11 x 2%)	12	
13	Sum of line 11 + line 12	13	
14	Interest (line 13 x 1%)	14	
15	Total fuel tax liability (line 13 + line 14)	15	
16	Previous payments (Amended returns only)	16	(      )
17	If total of lines 15 - 16 is greater than zero, amount owed	17	
18	If total of lines 15 - 16 is less than zero, net refund amount	18	(      )
		<b>EFT payment</b>	

### PLEASE RETAIN A COPY OF THIS TAX RETURN FOR YOUR RECORDS

#### SIGNATURE REQUIRED

I certify under penalty of perjury that this return is true, correct and complete to the best of my knowledge.

Signature _____	Title _____
Print Name _____	Date _____ Phone (      ) _____
Contact Name _____	Phone (      ) _____

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Name \_\_\_\_\_ Account/License no. \_\_\_\_\_

## SCHEDULE A - FUEL RECEIVED

A1 Gallons purchased/received tax paid * (Copy to line D2)	A1	
A2 Gallons purchased/received non-taxed *	A2	
A3 Gallons of blend stock received/used *	A3	
A4 Other ** (explain)	A4	
Total fuel received (sum of lines A1 through A4)		

## SCHEDULE B - TAX EXEMPT GALLONS

B1 Sales to Washington licensed Suppliers *	B1	
B2 Export sales to U.S. Armed Forces or National Guard *	B2	
B3 Sales to foreign governments *	B3	
B4 Own use or consumption	B4	
B5 Other ** (explain)	B5	
Total exempt gallons (sum of lines B1 through B5)		

## SCHEDULE C - MOTOR FUEL ALLOWANCE

C1 Taxable gallons (line 6)	C1	
C2 Gallons purchased/received tax paid * (Copy to line D2)	C2	
C3 Total of line C1 - line C2	C3	
C4 Taxable handling allowance rate	C4	0.0031
C5 Taxable handling allowance gallons (line C3 x line C4)	C5	

## SCHEDULE D - TAX PAID FUEL CREDIT GALLONS

D1 Beginning inventory tax paid fuel	D1	
D2 Gallons purchased/received tax paid * (same as Line A1)	D2	
D3 Ending inventory tax paid fuel	D3	
D4 Tax paid credit gallons on fuel distributed (line D1 + line D2 - line D3)	D4	

\* Support schedule required

\*\* One support schedule for each category required